



The Indian Association of Palliative Care was formed in 1994 in consultation with the World Health Organisation (WHO) and the government of India as a national forum to promote the care of people with life-limiting illness such as cancer, AIDS and end-stage chronic disease. Membership is open to individuals, palliative care organisations and corporate bodies, in India or abroad, involved or interested in palliative care and research and willing to adhere to the rules and regulations of IAPC. Members are entitled to receive regular despatches on IAPC activities and to participate in the general body meetings of IAPC. Organisations and corporate bodies may nominate one person, who need not be a member, to attend IAPC general body meetings.

LIFE MEMBERSHIP FORM

Please key in and print or write legibly in block letters.

FULL NAME

Dr	Mr	Ms	Mrs	
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REGISTERED NAME OF ORGANISATION OR COMPANY (in case of non-individual membership)

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ADDRESS

State		Country		PIN/Zip code					

PHONE NO.

EMAIL ADDRESS

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PROPOSED BY

Name		Member No.	
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SECONDED BY

Name		Member No.	
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PAYMENT DETAILS (See fees schedule below.)

Cash	Cheque	DD	NEFT	Amount	₹	
Cheque/DD no., bank name, transfer details						

Cheques must be crossed and in favour of "Indian Association of Palliative Care", payable at Bokaro Steel City, Jharkhand, India. Details for NEFT: **State Bank of India**, Current Account no. **33808019294**, IFSC Code **SBIN0000246**, City Center, Sector 4, Bokaro Steel City, Jharkhand. For payment related queries, please write to secretary@palliativecare.in.

Signature		Date	D	D	M	M	Y	Y	Y	Y
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Membership granted at the sole discretion of IAPC.

LIFE MEMBERSHIP FEES			
Doctors	₹ 2000	Overseas members	\$ 100
Nurses and others	₹ 1000	Palliative care organisations	₹ 10,000
Unpaid volunteers (subject to certification by recognised institution in separate form)	₹ 500	Corporate bodies	₹ 50,000

All payments subject to realisation. Please add conversion charges and bank fees to payments in foreign currency.

FOR IAPC USE			
MEMBERSHIP APPROVED			
Receipt no.		Date	
Membership no.			